OFFICE OF THE PUBLIC ACCESS OMBUDSMAN

REQUEST FOR MEDIATION ASSISTANCE WITH MARYLAND PUBLIC INFORMATION ACT DISPUTE

The purpose of this form is to provide the Public Access Ombudsman with the information necessary to promptly process a request for mediation assistance with a Maryland Public Information Act ("PIA") dispute between a PIA requester (or "applicants") and a records custodian. Generally, the Ombudsman will not be able to open a file and begin mediation until all available information requested on this form is provided. See COMAR Title 14, Subtitle 37 for regulations governing the Ombudsman's procedures.

PIA REQUESTER INFORMATION

Full Name _____
First *Middle* *Last*

Address _____
Street Address *Apartment/Unit #*

_____
City *State* *Zip*

Phone Number _____
(###) ###-####

Email _____

CUSTODIAN INFORMATION

Agency _____
Name

Agency Address _____
Street Address *Suite/Office/Unit #*

_____
City *State* *Zip*

Contact Name _____

First *Middle* *Last*

Phone Number _____

(###) ###-####

Email _____

PIA Request Information

Date of PIA Request _____

MM/DD/YYYY

Date of Custodian Response _____

MM/DD/YYYY

Information Requested Under PIA

Nature of PIA Dispute

Please select all that apply

- ☐ Exemption Misapplication (Denial of Request)
- ☐ Redactions (Partial Denial of Request)
- ☐ No response from custodian
- ☐ Late response by custodian
- ☐ Partial, nonresponsive, or incomplete response
- ☐ Excessive estimated or charged fees
- ☐ Fee waiver request denied or ignored
- ☐ Custodian’s need for more time to respond
- ☐ Overly broad PIA request
- ☐ Request is frivolous, vexatious, or made in

bad faith

☐ Other (please specify):

Additional Information

Please be sure to include the following with this form, if available:

- A copy of the original PIA request to the custodian.
- A copy of the custodian's 10-day response to the PIA request.
- A copy of the custodian's final response to the PIA request.

In the event that any or all of these items are unavailable for inclusion with this form, please attach a separate document(s) providing a narrative of the request and/or the custodian's response(s), including dates, key details, and contact information. Failure to provide this information may result in a file not being opened by the Office.

Submitting This Request

Please return this completed form and all attachments via email to:

PIA.Ombuds@oag.state.md.us

You may also submit this completed form and all attachments via mail to:

Office of the Public Access Ombudsman
c/o Office of the Attorney General
200 St. Paul Place
Baltimore, Maryland 21202

To Be Completed Internally by the Office

Date of Request Received _____
MM/DD/YYYY

Date of Intake Completion _____
MM/DD/YYYY

Date of 90-Day Deadline _____
MM/DD/YYYY

File Number _____

###-##-##

Updated July 1, 2022